

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mohit Naik**

Mailing Address 424 W End Ave  
Apt 18C

City State Zip Code  
New York NY 10024-5785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 21 / 2013

Transaction ID : B617295CB588A9D2A50

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Mohit Naik**

Mailing Address 424 W End Ave  
Apt 18C

City State Zip Code  
New York NY 10024-5785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 28 / 2013

Transaction ID : ADE08CC3A42862AD5F0

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Mark Nicol**

Mailing Address 1000 Johnson Ferry Rd  
Northside Hospital

City State Zip Code  
Atlanta GA 30342-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Radiology Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : 0D1AA3A29C4606E2F2D

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.92

**TOTAL** This Period (last page this line number only)..... ►